

City of Albuquerque

Official Business Registration Application

Commercial Business



Congratulations on taking one of the first steps to starting your new business in the City of Albuquerque! All business operating in the City of Albuquerque are required to obtain a Business Registration (Ordinance 53-1981). This includes both home-based and commercial businesses.

FEES

The administration fee collected, which pays to set up and maintain your registration are **Non-Refundable**. The annual fee for a Business Registration is \$35.00 per business location.

Health Permit Fees

If your business involves handling, preparation, service of food, a swimming pool, liquor stores, bars/lounges, or convenience stores with liquor please contact the City Environmental Health Department at 505-768-2600 to obtain any information on health permits that apply to your business. Inspection fees for each permitted location will be determined by the City Environmental Health Department

Late Fees: Businesses that fail to pay the registration fee by the date business has commenced or anniversary date will be a charged an additional late fee of \$10.00 per year.

FILING YOUR BUSINESS REGISTRATION APPLICATION

Complete all sections of the application. Be sure the information is complete, legible and accurate. Information you include in your application is public information.

Business Addresses/Location

The City requires a business registration for every business location in the City of Albuquerque (Ordinance 53-1981). Zoning approval is required only for the location listed on the application. It is the responsibility of the business owner to notify the City Treasurer in writing of any changes to the business location. A separate business registration application is required for each new business location

Each business location or residence address must have a physical address. A post office box may be used only for the mailing address.

Questions

Please contact the City's Treasury Division with any business registration questions or concerns either by phone at 505-768-3463 or by email at caglialoro@cabq.gov.

On behalf of the City of Albuquerque, We Wish You Success On Your New Business!



**BUSINESS REGISTRATION APPLICATION
COMMERCIAL OCCUPATION**

Phone contact – (505) 768-3463 for questions on this section or in general.

PLEASE ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

***REQUIRED FIELDS (Please Print)**

BUSINESS
OWNER

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***OWNER NAME:**

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***ST#** ***STREET NAME** ***STREET TYPE** ***POST DIR**

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***CITY** ***STATE** ***ZIP**

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***PHONE#** **FAX#**

	<input type="checkbox"/> PROPRIETORSHIP/SOLE OWNER	<input type="checkbox"/> LLC
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NOT FOR PROFIT
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER

***STATE TAX ID#** ***OWNER TYPE**

BUSINESS
FACILITY

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FACILITY NAME: **BUSINESS START DATE:**

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ST# **STREET NAME** **STREET TYPE** **POST DIR**

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CITY **STATE** **ZIP**

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PHONE # **FAX#**

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DESCRIBE SERVICE OR PRODUCTS PROVIDED

BUSINESS START DATE:

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MAILING ADDRESS IF DIFFERENT FROM ABOVE

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STREET # **STREET NAME** **STREET TYPE** **POST DIR**

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ZONING ENFORCEMENT

Phone contact – (505) 924-3850 for questions on this section.

PLEASE ANSWER ALL QUESTIONS:

1. Name of property owner. _____
2. A) Describe the business activity. _____
B) Will there be any outdoor storage or activity associated with the business? _____
C) If yes explain: _____
3. A) Is this activity a new use for this location? _____
B) If yes, what was the previous use? _____
4. ***If this activity is a restaurant:***
A) What is the total seating capacity? _____
B) Will there be outside seating? (Explain) _____
- If seating will be provided on the public sidewalk, attach a detailed site plan.
5. A) Is there adequate off street parking designated for your use? _____
B) How many spaces? _____
6. A) Will the business be an adult amusement establishment, adult book store, adult photo studio or adult theater as defined in section 14-16-1-5 of the zoning code? _____
B) A “yes” answer will require additional information and review.
7. A) Are there any existing signs on the premises of your building? _____
B) Do you intend to repaint any existing signs or install any new ones _____
- If “yes”, a sign permit may be required before the sign is placed.

NOTE: If your business involves any of the following, but not limited to: Adult Amusement, Auto Dismantler/Auto Dealership, Escort Service, Firearms, please be advised that you will be required to visit the Zoning Office located at 600 Second Street NW, 1st floor Plaza Del Sol Building, phone: (505) 924-3850.

FIRE ENFORCEMENT

Phone contact – (505) 924-3611 for questions on this section.

PLEASE ANSWER ALL QUESTIONS:

1. Will your place of business require remodeling or renovations? **YES [] NO []**
A) If you answered, “yes” to #1, will you be submitting plans and obtaining required permits.
(Building, Electrical, Mechanical etc.) ? **YES [] NO []**
2. Will hazardous materials be stored, used or dispensed at this business? **YES [] NO []**
A) If “yes”, Material Safety Data Sheets will be required to be submitted for review.

3. Will flammable/combustible liquid be stored or dispensed at this business? **YES** [] **NO** []
 A) If "yes", what Class of flammable/combustible liquid will be used in what quantities?_____
4. Check the box that BEST classifies your Business Occupancy?
- ☐ Assembly Occupancy e.g. Restaurant, Bar, Church etc. Occupant Load for Building?_____
 - ☐ Educational e.g. Schools, Kindergartens, Nursery Schools.
 - ☐ Health Care e.g. Residential Care, Nursing Homes, Hospitals.
 - ☐ Residential e.g. Hotels, Motels, Apartments, Board and Care facilities.
 - ☐ Mercantile e.g. Department Stores, Retail Stores etc.
 - ☐ Business e.g. General Offices, Doctors Offices, Banks etc.
 - ☐ Industrial e.g. Factories, Gas Stations, Auto Repair Shops, Paint & Body Shops etc.
 - ☐ Storage Facilities e.g. Warehouses, High Piled Storage, Truck Terminals etc.
 - ☐ Day Care e.g. Child Day Care, Adult Day Care, Home Day Care etc.

Please read the following statements carefully before signing the application:

I understand that a "Permit" shall be obtained from the Fire Marshal's Office prior to engaging in any activity that requires such pursuant to the City of Albuquerque Fire Code. Registering a business does not constitute a waiver of any requirements of the City of Albuquerque Fire Code or provisions of any other Ordinance or Law.

I further understand that the approval of this commercial occupation is dependent upon me abiding by all regulations of the Zoning Code (Article XVI, and Chapter 14 of the Revised Ordinances of Albuquerque, New Mexico, 1994) and that the information stated above is to the best of my knowledge true and accurate.

Applicants Signature

Telephone Number

Date

Application Check List:

- ☐ 1. Fill out entire application completely.
- ☐ 2. Enclose in an envelope the application with a check for \$35.00. Please do not enclosed cash. The payment fee (\$35.00) is non-refundable.
- ☐ 3. Mail to: City of Albuquerque, Treasury Division, Attn: Business Registration, P.O. Box 17, Albuquerque, NM 87103 or deliver in person to City Treasury, 600 2nd Street. This is on the corner of 2nd Street and Roma Street NW.

-----Please Do Not Write Below This Line-----

OFFICE USE ONLY

ZONING OFFICE

ZONE:

APPROVED/DISAPPROVED

MAP:

BY:_____ DATE:_____

COMMENTS

FIRE MARSHALL OFFICE

PERMIT REQUIRED: YES [] NO []

INSPECTION REQUIRED: YES [] NO []

BY:_____ DATE:_____

COMMENTS: